

**PTO FEE TRANSMITTAL**  
**for FY 2005**  
Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$) 450

**Complete if Known**

Application Number	10/727,997
Filing Date	December 4, 2003
First Named Inventor	Tricia J. VOS et al.
Examiner Name	Golam M. SHAMEEM
Group / Art Unit	1626
Attorney Docket No.	29984-208422

<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>						
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  Deposit Account Number: 22-0261  Deposit Account Name: Venable LLP  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>						
2. <input type="checkbox"/> Payment Enclosed:  <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other Deposit Account								
<b>FEE CALCULATION</b>								
<b>1. BASIC FILING FEE</b>								
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid			
1011	300	2011	150	Utility filing fee				
1012	200	2012	100	Design filing fee				
1013	200	2013	100	Plant filing fee				
1014	300	2014	150	Reissue filing fee				
1005	200	2005	100	Provisional filing fee				
1081	250	2081	125	Utility App. Size Fee				
1082	250	2082	125	Design App Size Fee				
1083	250	2083	125	Plant App. Size Fee				
1084	250	2084	125	Reissue App Size Fee				
1085	250	2085	125	Prov. App Size Fee				
<b>SUBTOTAL (1)</b>					(\$0)			
<b>2. EXTRA CLAIM FEES</b>								
Total Claims		-20 **	=	Extra Claims	X	Fee from below	=	Fee Paid
Independent Claims		-3**	=		X		=	
Multiple Dependent					X		=	
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid			
1202	50	2202	25	Claims in excess of 20				
1201	200	2201	100	Independent claims in excess of 3				
1203	360	2204	180	Multiple dependent claim, if not paid				
1204	200	2204	100	** Reissue independent claims in excess of three				
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent				
<b>SUBTOTAL (2)</b>					(\$)			
				<b>Other fee (specify)</b>				
				*Reduced by Basic Filing Fee Paid				
<b>SUBTOTAL (3)</b>					(\$450)			

<b>SUBMITTED BY</b> Complete (if applicable)		<b>Reg No. Attorney/Agent)</b> 46,180		<b>Telephone</b> 202-344-4000	
Name (Print/Type) Keith G. Haddaway					
Signature		Date: November 28, 2005			



**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

Docket Number (Optional)  
29984-208422

In re Application of Tricia J. VOS et al.	
Application Number 10/727,997	Filed December 4, 2003
For MODULATORS OF MELANOCORTIN RECEPTOR	
Group Art Unit 1626	Examiner Golam M. SHAMEEM

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$ \_\_\_\_\_
  - ☒ Two months (37 CFR 1.17(a)(2)) \$450.00
  - ☐ Three months (37 CFR 1.17(a)(3)) \$ \_\_\_\_\_
  - ☐ Four months (37 CFR 1.17(a)(4)) \$ \_\_\_\_\_
  - ☐ Five months (37 CFR 1.17(a)(5)) \$ \_\_\_\_\_
  - ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.
  - ☒ A check in the amount of the fee is enclosed.
  - ☐ Payment by credit card. Form PTO-2038 is attached.
  - ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
  - ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 22-0261.
- I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). 46,180.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

November 28, 2005

Date

Signature

Keith G. Haddaway Reg. No. 46,180

Typed or printed name

The PTO did not receive the following listed item: check fee

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

**VENABLE**  
ATTORNEYS AT LAW

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
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